



General Assembly

January Session, 2019

## ***Amendment***

LCO No. 10924



Offered by:

SEN. LESSER, 9<sup>th</sup> Dist.

SEN. KELLY, 21<sup>st</sup> Dist.

REP. SCANLON, 98<sup>th</sup> Dist.

REP. PAVALOCK-D'AMATO, 77<sup>th</sup>  
Dist.

To: Subst. Senate Bill No. 906

File No. 266

Cal. No. 169

***"AN ACT CONCERNING THE INSURANCE DEPARTMENT'S  
RECOMMENDED CHANGES TO THE INSURANCE STATUTES  
AND INSURANCE PLANS PROCURED BY THE COMPTROLLER."***

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 38a-8 of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective July 1, 2019*):

5 (a) The commissioner shall see that all laws respecting insurance  
6 companies and health care centers are faithfully executed and shall  
7 administer and enforce the provisions of this title. The commissioner  
8 shall have all powers specifically granted, and all further powers that  
9 are reasonable and necessary to enable the commissioner to protect the  
10 public interest in accordance with the duties imposed by this title. The  
11 commissioner shall pay to the Treasurer all the fees that the

12 commissioner receives. The commissioner may administer oaths in the  
13 discharge of the commissioner's duties.

14 (b) The commissioner shall recommend to the General Assembly  
15 changes that, in the commissioner's opinion, should be made in the  
16 laws relating to insurance.

17 (c) In addition to the specific regulations that the commissioner is  
18 required to adopt, the commissioner may adopt such further  
19 regulations, in accordance with the provisions of chapter 54, as are  
20 reasonable and necessary to implement the provisions of this title.

21 (d) The commissioner shall develop a program of periodic review to  
22 ensure compliance by the Insurance Department with the minimum  
23 standards established by the National Association of Insurance  
24 Commissioners for effective financial surveillance and regulation of  
25 insurance companies operating in this state. The commissioner shall  
26 adopt regulations, in accordance with the provisions of chapter 54,  
27 pertaining to the financial surveillance and solvency regulation of  
28 insurance companies and health care centers as are reasonable and  
29 necessary to obtain or maintain the accreditation of the Insurance  
30 Department by the National Association of Insurance Commissioners.  
31 The commissioner shall maintain as confidential any confidential  
32 documents or information received from the National Association of  
33 Insurance Commissioners, or the International Association of  
34 Insurance Supervisors, or any documents or information received from  
35 state or federal insurance, banking or securities regulators or similar  
36 regulators in a foreign country that are confidential in such  
37 jurisdictions. The commissioner may share any information, including  
38 confidential information, with the National Association of Insurance  
39 Commissioners, the International Association of Insurance  
40 Supervisors, or state or federal insurance, banking or securities  
41 regulators or similar regulators in a foreign country, provided the  
42 commissioner determines that such entities agree to maintain the same  
43 level of confidentiality in their jurisdictions as is available in this state.  
44 At the expense of a domestic, alien or foreign insurer, the

45 commissioner may engage the services of attorneys, actuaries,  
46 accountants and other experts not otherwise part of the commissioner's  
47 staff as may be necessary to assist the commissioner in the financial  
48 analysis of the insurer, the review of the insurer's license applications,  
49 and the review of transactions within a holding company system  
50 involving an insurer domiciled in this state. No duties of a person  
51 employed by the Insurance Department on November 1, 2002, shall be  
52 performed by such attorney, actuary, accountant or expert.

53 (e) The [Insurance Commissioner] commissioner shall establish a  
54 program to reduce costs and increase efficiency through the use of  
55 electronic methods to transmit documents, including policy form and  
56 rate filings, to and from insurers and the Insurance Department. The  
57 commissioner may sit as a member of the board of a consortium  
58 organized by or in association with the National Association of  
59 Insurance Commissioners for the purpose of coordinating a system for  
60 electronic rate and form filing among state insurance departments and  
61 insurers.

62 (f) The commissioner shall maintain as confidential information  
63 obtained, collected or prepared in connection with examinations,  
64 inspections or investigations, and complaints from the public received  
65 by the Insurance Department, if such records are protected from  
66 disclosure under federal law or state statute or, in the opinion of the  
67 commissioner, such records would disclose, or would reasonably lead  
68 to the disclosure of: (1) Investigative information the disclosure of  
69 which would be prejudicial to such investigation, until such time as  
70 the investigation is concluded; or (2) personal, financial or medical  
71 information concerning a person who has filed a complaint or inquiry  
72 with the Insurance Department, without the written consent of the  
73 person or persons to whom the information pertains.

74 (g) The commissioner may, in the commissioner's discretion, engage  
75 the services of such third-party actuaries, professionals and specialists  
76 that the commissioner deems necessary to assist the commissioner in  
77 reviewing any rate, form or similar filing submitted to the

78 commissioner pursuant to this title. The cost of such services shall be  
79 borne by the person who submitted such rate, form or similar filing to  
80 the commissioner.

81 Sec. 2. Section 38a-37 of the general statutes is repealed and the  
82 following is substituted in lieu thereof (*Effective from passage*):

83 Pursuant to terms and conditions of this compact, the state of  
84 Connecticut seeks to join with other states and establish the Interstate  
85 Insurance Product Regulation Compact, and thus become a member of  
86 the Interstate Insurance Product Regulation Commission. The  
87 Insurance Commissioner is hereby designated to serve as the  
88 representative of this state to the commission.

89 ARTICLE I

90 PURPOSES

91 The purposes of this compact are, through means of joint and  
92 cooperative action among the compacting states:

93 1. To promote and protect the interest of consumers of individual  
94 and group annuity, life insurance, disability income and long-term  
95 care insurance products;

96 2. To develop uniform standards for insurance products covered  
97 under the compact;

98 3. To establish a central clearinghouse to receive and provide  
99 prompt review of insurance products covered under the compact and,  
100 in certain cases, advertisements related thereto, submitted by insurers  
101 authorized to do business in one or more compacting states;

102 4. To give appropriate regulatory approval to those product filings  
103 and advertisements satisfying the applicable uniform standard;

104 5. To improve coordination of regulatory resources and expertise  
105 between state insurance departments regarding the setting of uniform

106 standards and review of insurance products covered under the  
107 compact;

108 6. To create the Interstate Insurance Product Regulation  
109 Commission; and

110 7. To perform these and such other related functions as may be  
111 consistent with the state regulation of the business of insurance.

## 112 ARTICLE II

### 113 DEFINITIONS

114 For purposes of this compact:

115 1. "Advertisement" means any material designed to create public  
116 interest in a product, or induce the public to purchase, increase,  
117 modify, reinstate, borrow on, surrender, replace or retain a policy, as  
118 more specifically defined in the rules and operating procedures of the  
119 commission.

120 2. "Bylaws" mean those bylaws established by the commission for its  
121 governance, or for directing or controlling the commission's actions or  
122 conduct.

123 3. "Compacting state" means any state which has enacted this  
124 compact legislation and which has not withdrawn pursuant to Article  
125 XIV, section 1 of this compact, or been terminated pursuant to Article  
126 XIV, section 2 of this compact.

127 4. "Commission" means the Interstate Insurance Product Regulation  
128 Commission established by this compact.

129 5. "Commissioner" means the chief insurance regulatory official of a  
130 state including, but not limited to, commissioner, superintendent,  
131 director or administrator.

132 6. "Domiciliary state" means the state in which an insurer is  
133 incorporated or organized; or, in the case of an alien insurer, its state of

134 entry.

135 7. "Insurer" means any entity licensed by a state to issue contracts of  
136 insurance for any of the lines of insurance covered by this compact.

137 8. "Member" means the person chosen by a compacting state as its  
138 representative to the commission, or the member's designee.

139 9. "Non-compacting state" means any state which is not at the time a  
140 compacting state.

141 10. "Operating procedures" mean procedures promulgated by the  
142 commission implementing a rule, uniform standard or a provision of  
143 this compact.

144 11. "Product" means the form of a policy or contract, including any  
145 application, endorsement, or related form which is attached to and  
146 made a part of the policy or contract, and any evidence of coverage or  
147 certificate, for an individual or group annuity, life insurance, disability  
148 income or long-term care insurance product that an insurer is  
149 authorized to issue.

150 12. "Rule" means a statement of general or particular applicability  
151 and future effect promulgated by the commission, including a uniform  
152 standard developed pursuant to Article VII of this compact, designed  
153 to implement, interpret, or prescribe law or policy or describing the  
154 organization, procedure, or practice requirements of the commission,  
155 which shall have the force and effect of law in the compacting states.

156 13. "State" means any state, district or territory of the United States  
157 of America.

158 14. "Third-party filer" means an entity that submits a product filing  
159 to the commission on behalf of an Insurer.

160 15. "Uniform standard" means a standard adopted by the  
161 commission for a product line, pursuant to Article VII of this compact,  
162 and shall include all of the product requirements in aggregate;

163 provided, that each uniform standard shall be construed, whether  
164 express or implied, to prohibit the use of any inconsistent, misleading  
165 or ambiguous provisions in a product and the form of the product  
166 made available to the public shall not be unfair, inequitable or against  
167 public policy as determined by the commission.

168 ARTICLE III

169 ESTABLISHMENT OF THE COMMISSION AND VENUE

170 1. The compacting states hereby create and establish a joint public  
171 agency known as the Interstate Insurance Product Regulation  
172 Commission. Pursuant to Article IV of this compact, the commission  
173 will have the power to develop uniform standards for product lines,  
174 receive and provide prompt review of products filed therewith, and  
175 give approval to those product filings satisfying applicable uniform  
176 standards; provided, it is not intended for the commission to be the  
177 exclusive entity for receipt and review of insurance product filings.  
178 Nothing herein shall prohibit any insurer from filing its product in any  
179 state wherein the insurer is licensed to conduct the business of  
180 insurance; and any such filing shall be subject to the laws of the state  
181 where filed.

182 2. The Interstate Insurance Product Regulation Commission is a  
183 body corporate and politic, and an instrumentality of the compacting  
184 states.

185 3. The commission is solely responsible for its liabilities except as  
186 otherwise specifically provided in this compact.

187 4. Venue is proper and judicial proceedings by or against the  
188 commission shall be brought solely and exclusively in a court of  
189 competent jurisdiction where the principal office of the commission is  
190 located.

191 ARTICLE IV

192 POWERS OF THE COMMISSION

193 The commission shall have the following powers:

194 1. To promulgate rules, pursuant to Article VII of this compact,  
195 which shall have the force and effect of law and shall be binding in the  
196 compacting states to the extent and in the manner provided in this  
197 compact;

198 2. To exercise its rulemaking authority and establish reasonable  
199 uniform standards for products covered under the compact, and  
200 advertisement related thereto, which shall have the force and effect of  
201 law and shall be binding in the compacting states, but only for those  
202 products filed with the commission, provided, that a compacting state  
203 shall have the right to opt out of such uniform standard pursuant to  
204 Article VII of this compact, to the extent and in the manner provided in  
205 this compact, and, provided further, that any uniform standard  
206 established by the commission for long-term care insurance products  
207 may provide the same or greater protections for consumers as, but  
208 shall not provide less than, those protections set forth in the National  
209 Association of Insurance Commissioners' Long-Term Care Insurance  
210 Model Act and Long-Term Care Insurance Model Regulation,  
211 respectively, adopted as of 2001. The commission shall consider  
212 whether any subsequent amendments to the National Association of  
213 Insurance Commissioners' Long-Term Care Insurance Model Act or  
214 Long-Term Care Insurance Model Regulation adopted by the National  
215 Association of Insurance Commissioners require amending of the  
216 uniform standards established by the commission for long-term care  
217 insurance products;

218 3. To receive and review in an expeditious manner products filed  
219 with the commission, and rate filings for disability income and long-  
220 term care insurance products, and give approval of those products and  
221 rate filings that satisfy the applicable uniform standard, where such  
222 approval shall have the force and effect of law and be binding on the  
223 compacting states to the extent and in the manner provided in the  
224 compact;



225 4. To receive and review in an expeditious manner advertisement  
226 relating to long-term care insurance products for which uniform  
227 standards have been adopted by the commission, and give approval to  
228 all advertisement that satisfies the applicable uniform standard. For  
229 any product covered under this compact, other than long-term care  
230 insurance products, the commission shall have the authority to require  
231 an insurer to submit all or any part of its advertisement with respect to  
232 that product for review or approval prior to use, if the commission  
233 determines that the nature of the product is such that an advertisement  
234 of the product could have the capacity or tendency to mislead the  
235 public. The actions of the commission as provided in this section shall  
236 have the force and effect of law and shall be binding in the compacting  
237 states to the extent and in the manner provided in the compact;

238 5. To exercise its rulemaking authority and designate products and  
239 advertisement that may be subject to a self-certification process  
240 without the need for prior approval by the commission;

241 6. To promulgate operating procedures, pursuant to Article VII of  
242 this compact, which shall be binding in the compacting states to the  
243 extent and in the manner provided in this compact;

244 7. To bring and prosecute legal proceedings or actions in its name as  
245 the commission; provided, that the standing of any state insurance  
246 department to sue or be sued under applicable law shall not be  
247 affected;

248 8. To issue subpoenas requiring the attendance and testimony of  
249 witnesses and the production of evidence;

250 9. To establish and maintain offices;

251 10. To purchase and maintain insurance and bonds;

252 11. To borrow, accept or contract for services of personnel,  
253 including, but not limited to, employees of a compacting state;

254 12. To hire employees, professionals or specialists, and elect or

255 appoint officers, and to fix their compensation, define their duties and  
256 give them appropriate authority to carry out the purposes of the  
257 compact, and determine their qualifications; and to establish the  
258 commission's personnel policies and programs relating to, among  
259 other things, conflicts of interest, rates of compensation and  
260 qualifications of personnel;

261 13. To accept any and all appropriate donations and grants of  
262 money, equipment, supplies, materials and services, and to receive,  
263 utilize and dispose of the same; provided that at all times the  
264 commission shall strive to avoid any appearance of impropriety;

265 14. To lease, purchase, accept appropriate gifts or donations of, or  
266 otherwise to own, hold, improve or use, any property, real, personal or  
267 mixed; provided that at all times the commission shall strive to avoid  
268 any appearance of impropriety;

269 15. To sell, convey, mortgage, pledge, lease, exchange, abandon or  
270 otherwise dispose of any property, real, personal or mixed;

271 16. To remit filing fees to compacting states as may be set forth in  
272 the bylaws, rules or operating procedures;

273 17. To enforce compliance by compacting states with rules, uniform  
274 standards, operating procedures and bylaws;

275 18. To provide for dispute resolution among compacting states;

276 19. To advise compacting states on issues relating to insurers  
277 domiciled or doing business in non-compacting jurisdictions,  
278 consistent with the purposes of this compact;

279 20. To provide advice and training to those personnel in state  
280 insurance departments responsible for product review, and to be a  
281 resource for state insurance departments;

282 21. To establish a budget and make expenditures;

283 22. To borrow money;

284 23. To appoint committees, including advisory committees  
285 comprising members, state insurance regulators, state legislators or  
286 their representatives, insurance industry and consumer  
287 representatives, and such other interested persons as may be  
288 designated in the bylaws;

289 24. To provide and receive information from, and to cooperate with  
290 law enforcement agencies;

291 25. To adopt and use a corporate seal; and

292 26. To perform such other functions as may be necessary or  
293 appropriate to achieve the purposes of this compact consistent with the  
294 state regulation of the business of insurance.

## 295 ARTICLE V

## 296 ORGANIZATION OF THE COMMISSION

### 297 Section 1. Membership, Voting and Bylaws

298 a. Each compacting state shall have and be limited to one member.  
299 Each member shall be qualified to serve in that capacity pursuant to  
300 applicable law of the compacting state. Any member may be removed  
301 or suspended from office as provided by the law of the state from  
302 which he or she shall be appointed. Any vacancy occurring in the  
303 commission shall be filled in accordance with the laws of the  
304 compacting state wherein the vacancy exists. Nothing herein shall be  
305 construed to affect the manner in which a compacting state determines  
306 the election or appointment and qualification of its own commissioner.

307 b. Each member shall be entitled to one vote and shall have an  
308 opportunity to participate in the governance of the commission in  
309 accordance with the bylaws. Notwithstanding any provision herein to  
310 the contrary, no action of the commission with respect to the  
311 promulgation of a uniform standard shall be effective unless two-

312 thirds of the members vote in favor thereof.

313 c. The commission shall, by a majority of the members, prescribe  
314 bylaws to govern its conduct as may be necessary or appropriate to  
315 carry out the purposes, and exercise the powers, of the compact,  
316 including, but not limited to:

317 (i) Establishing the fiscal year of the commission;

318 (ii) Providing reasonable procedures for appointing and electing  
319 members, as well as holding meetings, of the management committee;

320 (iii) Providing reasonable standards and procedures: (I) For the  
321 establishment and meetings of other committees, and (II) governing  
322 any general or specific delegation of any authority or function of the  
323 commission;

324 (iv) Providing reasonable procedures for calling and conducting  
325 meetings of the commission that consists of a majority of commission  
326 members, ensuring reasonable advance notice of each such meeting  
327 and providing for the right of citizens to attend each such meeting  
328 with enumerated exceptions designed to protect the public's interest,  
329 the privacy of individuals, and insurers' proprietary information,  
330 including trade secrets. The commission may meet in camera only after  
331 a majority of the entire membership votes to close a meeting in toto or  
332 in part. As soon as practicable, the commission must make public (I) a  
333 copy of the vote to close the meeting revealing the vote of each  
334 member with no proxy votes allowed, and (II) votes taken during such  
335 meeting;

336 (v) Establishing the titles, duties and authority and reasonable  
337 procedures for the election of the officers of the commission;

338 (vi) Providing reasonable standards and procedures for the  
339 establishment of the personnel policies and programs of the  
340 commission. Notwithstanding any civil service or other similar laws of  
341 any compacting state, the bylaws shall exclusively govern the

342 personnel policies and programs of the commission;

343 (vii) Promulgating a code of ethics to address permissible and  
344 prohibited activities of commission members and employees; and

345 (viii) Providing a mechanism for winding up the operations of the  
346 commission and the equitable disposition of any surplus funds that  
347 may exist after the termination of the compact after the payment  
348 and/or reserving of all of its debts and obligations.

349 d. The commission shall publish its bylaws in a convenient form  
350 and file a copy thereof and a copy of any amendment thereto, with the  
351 appropriate agency or officer in each of the compacting states.

352 Section 2. Management Committee, Officers and Personnel

353 a. A management committee comprising no more than fourteen  
354 members shall be established as follows:

355 (i) One member from each of the six compacting states with the  
356 largest premium volume for individual and group annuities, life,  
357 disability income and long-term care insurance products, determined  
358 from the records of the National Association of Insurance  
359 Commissioners for the prior year;

360 (ii) Four members from those compacting states with at least two  
361 per cent of the market based on the premium volume described above,  
362 other than the six compacting states with the largest premium volume,  
363 selected on a rotating basis as provided in the bylaws; and

364 (iii) Four members from those compacting states with less than two  
365 per cent of the market, based on the premium volume described above,  
366 with one selected from each of the four zone regions of the National  
367 Association of Insurance Commissioners as provided in the bylaws.

368 b. The management committee shall have such authority and duties  
369 as may be set forth in the bylaws, including, but not limited to:

370 (i) Managing the affairs of the commission in a manner consistent  
371 with the bylaws and purposes of the commission;

372 (ii) Establishing and overseeing an organizational structure within,  
373 and appropriate procedures for, the commission to provide for the  
374 creation of uniform standards and other rules, receipt and review of  
375 product filings, administrative and technical support functions, review  
376 of decisions regarding the disapproval of a product filing, and the  
377 review of elections made by a compacting state to opt out of a uniform  
378 standard; provided that a uniform standard shall not be submitted to  
379 the compacting states for adoption unless approved by two-thirds of  
380 the members of the management committee;

381 (iii) Overseeing the offices of the commission; and

382 (iv) Planning, implementing, and coordinating communications and  
383 activities with other state, federal and local government organizations  
384 in order to advance the goals of the commission.

385 c. The commission shall elect annually officers from the  
386 management committee, with each having such authority and duties,  
387 as may be specified in the bylaws.

388 d. The management committee may, subject to the approval of the  
389 commission, appoint or retain an executive director for such period,  
390 upon such terms and conditions and for such compensation as the  
391 commission may deem appropriate. The executive director shall serve  
392 as secretary to the commission, but shall not be a member of the  
393 commission. The executive director shall hire and supervise such other  
394 staff as may be authorized by the commission.

### 395 Section 3. Legislative and Advisory Committees

396 a. A legislative committee comprising state legislators or their  
397 designees shall be established to monitor the operations of, and make  
398 recommendations to, the commission, including the management  
399 committee; provided that the manner of selection and term of any

400 legislative committee member shall be as set forth in the bylaws. Prior  
401 to the adoption by the commission of any uniform standard, revision  
402 to the bylaws, annual budget or other significant matter as may be  
403 provided in the bylaws, the management committee shall consult with  
404 and report to the legislative committee.

405 b. The commission shall establish two advisory committees, one of  
406 which shall comprise consumer representatives independent of the  
407 insurance industry, and the other comprising insurance industry  
408 representatives.

409 c. The commission may establish additional advisory committees as  
410 its bylaws may provide for the carrying out of its functions.

#### 411 Section 4. Corporate Records of the Commission

412 The commission shall maintain its corporate books and records in  
413 accordance with the bylaws.

#### 414 Section 5. Qualified Immunity, Defense and Indemnification

415 a. The members, officers, executive director, employees and  
416 representatives of the commission shall be immune from suit and  
417 liability, either personally or in their official capacity, for any claim for  
418 damage to or loss of property or personal injury or other civil liability  
419 caused by or arising out of any actual or alleged act, error or omission  
420 that occurred, or that the person against whom the claim is made had a  
421 reasonable basis for believing occurred within the scope of commission  
422 employment, duties or responsibilities; provided, that nothing in this  
423 paragraph shall be construed to protect any such person from suit  
424 and/or liability for any damage, loss, injury or liability caused by the  
425 intentional or wilful and wanton misconduct of that person.

426 b. The commission shall defend any member, officer, executive  
427 director, employee or representative of the commission in any civil  
428 action seeking to impose liability arising out of any actual or alleged  
429 act, error or omission that occurred within the scope of commission

430 employment, duties or responsibilities, or that the person against  
431 whom the claim is made had a reasonable basis for believing occurred  
432 within the scope of commission employment, duties or responsibilities;  
433 provided, that nothing herein shall be construed to prohibit that  
434 person from retaining counsel; and provided further, that the actual or  
435 alleged act, error or omission did not result from that person's  
436 intentional or wilful and wanton misconduct.

437 c. The commission shall indemnify and hold harmless any member,  
438 officer, executive director, employee or representative of the  
439 commission for the amount of any settlement or judgment obtained  
440 against that person arising out of any actual or alleged act, error or  
441 omission that occurred within the scope of commission employment,  
442 duties or responsibilities, or that such person had a reasonable basis  
443 for believing occurred within the scope of commission employment,  
444 duties or responsibilities, provided, that the actual or alleged act, error  
445 or omission did not result from the intentional or wilful and wanton  
446 misconduct of that person.

## 447 ARTICLE VI

### 448 MEETINGS AND ACTS OF THE COMMISSION

449 1. The commission shall meet and take such actions as are consistent  
450 with the provisions of this compact and the bylaws.

451 2. Each member of the commission shall have the right and power  
452 to cast a vote to which that compacting state is entitled and to  
453 participate in the business and affairs of the commission. A member  
454 shall vote in person or by such other means as provided in the bylaws.  
455 The bylaws may provide for members' participation in meetings by  
456 telephone or other means of communication.

457 3. The commission shall meet at least once during each calendar  
458 year. Additional meetings shall be held as set forth in the bylaws.

## 459 ARTICLE VII



460 RULES AND OPERATING PROCEDURES: RULEMAKING  
461 FUNCTIONS OF THE COMMISSION AND OPTING OUT OF  
462 UNIFORM STANDARDS

463 1. The commission shall promulgate reasonable rules, including  
464 uniform standards, and operating procedures in order to effectively  
465 and efficiently achieve the purposes of this compact. Notwithstanding  
466 the foregoing, in the event the commission exercises its rulemaking  
467 authority in a manner that is beyond the scope of the purposes of this  
468 compact, or the powers granted hereunder, then such an action by the  
469 commission shall be invalid and have no force and effect.

470 2. Rules and operating procedures shall be made pursuant to a  
471 rulemaking process that conforms to the Model State Administrative  
472 Procedure Act of 1981 as amended, as may be appropriate to the  
473 operations of the commission. Before the commission adopts a uniform  
474 standard, the commission shall give written notice to the relevant state  
475 legislative committees in each compacting state responsible for  
476 insurance issues of its intention to adopt the uniform standard. The  
477 commission in adopting a uniform standard shall consider fully all  
478 submitted materials and issue a concise explanation of its decision.

479 3. A uniform standard shall become effective ninety days after its  
480 promulgation by the commission or such later date as the commission  
481 may determine; provided, however, that a compacting state may opt  
482 out of a uniform standard as provided in this article. "Opt out" shall be  
483 defined as any action by a compacting state to decline to adopt or  
484 participate in a promulgated uniform standard. All other rules and  
485 operating procedures, and amendments thereto, shall become effective  
486 as of the date specified in each rule, operating procedure or  
487 amendment.

488 4. A compacting state may opt out of a uniform standard, either by  
489 legislation or regulation duly promulgated by the Insurance  
490 Department under the compacting state's administrative procedure  
491 act. If a compacting state elects to opt out of a uniform standard by

492 regulation, it must:

493 a. Give written notice to the commission no later than ten business  
494 days after the uniform standard is promulgated, or at the time the state  
495 becomes a compacting state; and

496 b. Find that the uniform standard does not provide reasonable  
497 protections to the citizens of the state, given the conditions in the state.  
498 The commissioner shall make specific findings of fact and conclusions  
499 of law, based on a preponderance of the evidence, detailing the  
500 conditions in the state which warrant a departure from the uniform  
501 standard and determining that the uniform standard would not  
502 reasonably protect the citizens of the state. The commissioner must  
503 consider and balance the following factors and find that the conditions  
504 in the state and needs of the citizens of the state outweigh: (i) The  
505 intent of the legislature to participate in, and the benefits of, an  
506 interstate agreement to establish national uniform consumer  
507 protections for the products subject to this compact; and (ii) the  
508 presumption that a uniform standard adopted by the commission  
509 provides reasonable protections to consumers of the relevant product.  
510 Notwithstanding the foregoing, a compacting state may, at the time of  
511 its enactment of this compact, prospectively opt out of all uniform  
512 standards involving long-term care insurance products by expressly  
513 providing for such opt out in the enacted compact, and such an opt out  
514 shall not be treated as a material variance in the offer or acceptance of  
515 any state to participate in this compact. Such an opt out shall be  
516 effective at the time of enactment of this compact by the compacting  
517 state and shall apply to all existing uniform standards involving long-  
518 term care insurance products and those subsequently promulgated.

519 5. If a compacting state elects to opt out of a uniform standard, the  
520 uniform standard shall remain applicable in the compacting state  
521 electing to opt out until such time the opt out legislation is enacted into  
522 law or the regulation opting out becomes effective. Once the opt out of  
523 a uniform standard by a compacting state becomes effective as  
524 provided under the laws of that state, the uniform standard shall have

525 no further force and effect in that state unless and until the legislation  
526 or regulation implementing the opt out is repealed or otherwise  
527 becomes ineffective under the laws of the state. If a compacting state  
528 opts out of a uniform standard after the uniform standard has been  
529 made effective in that state, the opt out shall have the same prospective  
530 effect as provided under Article XIV of this compact for withdrawals.

531 6. If a compacting state has formally initiated the process of opting  
532 out of a uniform standard by regulation, and while the regulatory opt  
533 out is pending, the compacting state may petition the commission, at  
534 least fifteen days before the effective date of the uniform standard, to  
535 stay the effectiveness of the uniform standard in that state. The  
536 commission may grant a stay if it determines the regulatory opt out is  
537 being pursued in a reasonable manner and there is a likelihood of  
538 success. If a stay is granted or extended by the commission, the stay or  
539 extension thereof may postpone the effective date by up to ninety  
540 days, unless affirmatively extended by the commission; provided, a  
541 stay may not be permitted to remain in effect for more than one year  
542 unless the compacting state can show extraordinary circumstances  
543 which warrant a continuance of the stay, including, but not limited to,  
544 the existence of a legal challenge which prevents the compacting state  
545 from opting out. A stay may be terminated by the commission upon  
546 notice that the rulemaking process has been terminated.

547 7. Not later than thirty days after a rule or operating procedure is  
548 promulgated, any person may file a petition for judicial review of the  
549 rule or operating procedure; provided, that the filing of such a petition  
550 shall not stay or otherwise prevent the rule or operating procedure  
551 from becoming effective unless the court finds that the petitioner has a  
552 substantial likelihood of success. The court shall give deference to the  
553 actions of the commission consistent with applicable law and shall not  
554 find the rule or operating procedure to be unlawful if the rule or  
555 operating procedure represents a reasonable exercise of the  
556 commission's authority.

557 ARTICLE VIII

## 558 COMMISSION RECORDS AND ENFORCEMENT

559 1. The commission shall promulgate rules establishing conditions  
560 and procedures for public inspection and copying of its information  
561 and official records, except such information and records involving the  
562 privacy of individuals and insurers' trade secrets. The commission may  
563 promulgate additional rules under which it may make available to  
564 federal and state agencies, including law enforcement agencies,  
565 records and information otherwise exempt from disclosure, and may  
566 enter into agreements with such agencies to receive or exchange  
567 information or records subject to nondisclosure and confidentiality  
568 provisions.

569 2. Except as to privileged records, data and information, the laws of  
570 any compacting state pertaining to confidentiality or nondisclosure  
571 shall not relieve any compacting state commissioner of the duty to  
572 disclose any relevant records, data or information to the commission;  
573 provided, that disclosure to the commission shall not be deemed to  
574 waive or otherwise affect any confidentiality requirement; and further  
575 provided, that, except as otherwise expressly provided in this compact,  
576 the commission shall not be subject to the compacting state's laws  
577 pertaining to confidentiality and nondisclosure with respect to records,  
578 data and information in its possession. Confidential information of the  
579 commission shall remain confidential after such information is  
580 provided to any commissioner.

581 3. The commission shall monitor compacting states for compliance  
582 with duly adopted bylaws, rules, including uniform standards, and  
583 operating procedures. The commission shall notify any non-complying  
584 compacting state in writing of its noncompliance with commission  
585 bylaws, rules or operating procedures. If a non-complying compacting  
586 state fails to remedy its noncompliance within the time specified in the  
587 notice of noncompliance, the compacting state shall be deemed to be in  
588 default as set forth in Article XIV of this compact.

589 4. The commissioner of any state in which an insurer is authorized

590 to do business, or is conducting the business of insurance, shall  
591 continue to exercise the commissioner's authority to oversee the  
592 market regulation of the activities of the insurer in accordance with the  
593 provisions of the state's law. The commissioner's enforcement of  
594 compliance with the compact is governed by the following provisions:

595 a. With respect to the commissioner's market regulation of a product  
596 or advertisement that is approved or certified to the commission, the  
597 content of the product or advertisement shall not constitute a violation  
598 of the provisions, standards or requirements of the compact except  
599 upon a final order of the commission, issued at the request of a  
600 commissioner after prior notice to the insurer and an opportunity for  
601 hearing before the commission.

602 b. Before a commissioner may bring an action for violation of any  
603 provision, standard or requirement of the compact relating to the  
604 content of an advertisement not approved or certified to the  
605 commission, the commission, or an authorized commission officer or  
606 employee, must authorize the action. However, authorization  
607 pursuant to this paragraph does not require notice to the insurer,  
608 opportunity for hearing or disclosure of requests for authorization or  
609 records of the commission's action on such requests.

## 610 ARTICLE IX

### 611 DISPUTE RESOLUTION

612 The commission shall attempt, upon the request of a member, to  
613 resolve any disputes or other issues that are subject to this compact  
614 and which may arise between two or more compacting states, or  
615 between compacting states and non-compacting states, and the  
616 commission shall promulgate an operating procedure providing for  
617 resolution of such disputes.

## 618 ARTICLE X

### 619 PRODUCT FILING AND APPROVAL

620 1. Insurers and third-party filers seeking to have a product  
621 approved by the commission shall file the product with, and pay  
622 applicable filing fees to, the commission. Nothing in this compact shall  
623 be construed to restrict or otherwise prevent an insurer from filing its  
624 product with the insurance department in any state wherein the  
625 insurer is licensed to conduct the business of insurance, and such filing  
626 shall be subject to the laws of the states where filed.

627 2. The commission shall establish appropriate filing and review  
628 processes and procedures pursuant to commission rules and operating  
629 procedures. Notwithstanding any provision herein to the contrary, the  
630 commission shall promulgate rules to establish conditions and  
631 procedures under which the commission will provide public access to  
632 product filing information. In establishing such rules, the commission  
633 shall consider the interests of the public in having access to such  
634 information, as well as protection of personal medical and financial  
635 information and trade secrets, that may be contained in a product  
636 filing or supporting information.

637 3. Any product approved by the commission may be sold or  
638 otherwise issued in those compacting states for which the insurer is  
639 legally authorized to do business.

## 640 ARTICLE XI

### 641 REVIEW OF COMMISSION DECISIONS REGARDING FILINGS

642 1. Not later than thirty days after the commission has given notice of  
643 a disapproved product or advertisement filed with the commission,  
644 the insurer or third-party filer whose filing was disapproved may  
645 appeal the determination to a review panel appointed by the  
646 commission. The commission shall promulgate rules to establish  
647 procedures for appointing such review panels and provide for notice  
648 and hearing. An allegation that the commission, in disapproving a  
649 product or advertisement filed with the commission, acted arbitrarily,  
650 capriciously, or in a manner that is an abuse of discretion or otherwise  
651 not in accordance with the law, is subject to judicial review in

652 accordance with Article III, section 4 of this compact.

653 2. The commission shall have authority to monitor, review and  
654 reconsider products and advertisement subsequent to their filing or  
655 approval upon a finding that the product does not meet the relevant  
656 uniform standard. Where appropriate, the commission may withdraw  
657 or modify its approval after proper notice and hearing, subject to the  
658 appeal process in section 1 of this article.

## 659 ARTICLE XII

### 660 FINANCE

661 1. The commission shall pay or provide for the payment of the  
662 reasonable expenses of its establishment and organization. To fund the  
663 cost of its initial operations, the commission may accept contributions  
664 and other forms of funding from the National Association of Insurance  
665 Commissioners, compacting states and other sources. Contributions  
666 and other forms of funding from other sources shall be of such a  
667 nature that the independence of the commission concerning the  
668 performance of its duties shall not be compromised.

669 2. The commission shall collect a filing fee from each insurer and  
670 third-party filer filing a product with the commission to cover the cost  
671 of the operations and activities of the commission and its staff in a total  
672 amount sufficient to cover the commission's annual budget.

673 3. The commission's budget for a fiscal year shall not be approved  
674 until it has been subject to notice and comment as set forth in Article  
675 VII of this compact.

676 4. The commission shall be exempt from all taxation in and by the  
677 compacting states.

678 5. The commission shall not pledge the credit of any compacting  
679 state, except by and with the appropriate legal authority of that  
680 compacting state.

681       6. The commission shall keep complete and accurate accounts of all  
682 its internal receipts, including grants and donations, and  
683 disbursements of all funds under its control. The internal financial  
684 accounts of the commission shall be subject to the accounting  
685 procedures established under its bylaws. The financial accounts and  
686 reports including the system of internal controls and procedures of the  
687 commission shall be audited annually by an independent certified  
688 public accountant. Upon the determination of the commission, but no  
689 less frequently than every three years, the review of the independent  
690 auditor shall include a management and performance audit of the  
691 commission. The commission shall make an annual report to the  
692 governor and legislature of the compacting states, which shall include  
693 a report of the independent audit. The commission's internal accounts  
694 shall not be confidential and such materials may be shared with the  
695 commissioner of any compacting state upon request provided,  
696 however, that any work papers related to any internal or independent  
697 audit and any information regarding the privacy of individuals and  
698 insurers' proprietary information, including trade secrets, shall remain  
699 confidential.

700       7. No compacting state shall have any claim to or ownership of any  
701 property held by or vested in the commission or to any commission  
702 funds held pursuant to the provisions of this compact.

### 703       ARTICLE XIII

### 704       COMPACTING STATES, EFFECTIVE DATE AND AMENDMENT

705       1. Any state is eligible to become a compacting state.

706       2. The compact shall become effective and binding upon legislative  
707 enactment of the compact into law by two compacting states;  
708 provided, the commission shall become effective for purposes of  
709 adopting uniform standards for, reviewing, and giving approval or  
710 disapproval of, products filed with the commission that satisfy  
711 applicable uniform standards only after twenty-six states are  
712 compacting states or, alternatively, by states representing greater than



713 forty per cent of the premium volume for life insurance, annuity,  
714 disability income and long-term care insurance products, based on  
715 records of the National Association of Insurance Commissioners for  
716 the prior year. Thereafter, it shall become effective and binding as to  
717 any other compacting state upon enactment of the compact into law by  
718 that state.

719 3. Amendments to the compact may be proposed by the commission  
720 for enactment by the compacting states. No amendment shall become  
721 effective and binding upon the commission and the compacting states  
722 unless and until all compacting states enact the amendment into law.

## 723 ARTICLE XIV

## 724 WITHDRAWAL, DEFAULT AND TERMINATION

### 725 Section 1. Withdrawal

726 a. Once effective, the compact shall continue in force and remain  
727 binding upon each and every compacting state; provided, that a  
728 compacting state may withdraw from the compact ("withdrawing  
729 state") by enacting a statute specifically repealing the statute which  
730 enacted the compact into law.

731 b. The effective date of withdrawal is the effective date of the  
732 repealing statute. However, the withdrawal shall not apply to any  
733 product filings approved or self-certified, or any advertisement of such  
734 products, on the date the repealing statute becomes effective, except by  
735 mutual agreement of the commission and the withdrawing state unless  
736 the approval is rescinded by the withdrawing state as provided in  
737 paragraph e. of this section.

738 c. The commissioner of the withdrawing state shall immediately  
739 notify the management committee in writing upon the introduction of  
740 legislation repealing this compact in the withdrawing state.

741 d. The commission shall notify the other compacting states of the  
742 introduction of such legislation within ten days after its receipt of

743 notice thereof.

744 e. The withdrawing state is responsible for all obligations, duties  
745 and liabilities incurred through the effective date of withdrawal,  
746 including any obligations, the performance of which extend beyond  
747 the effective date of withdrawal, except to the extent those obligations  
748 may have been released or relinquished by mutual agreement of the  
749 commission and the withdrawing state. The commission's approval of  
750 products and advertisement prior to the effective date of withdrawal  
751 shall continue to be effective and be given full force and effect in the  
752 withdrawing state, unless formally rescinded by the withdrawing state  
753 in the same manner as provided by the laws of the withdrawing state  
754 for the prospective disapproval of products or advertisement  
755 previously approved under state law.

756 f. Reinstatement following withdrawal of any compacting state shall  
757 occur upon the effective date of the withdrawing state reenacting the  
758 compact.

759 Section 2. Default

760 a. If the commission determines that any compacting state has at  
761 any time defaulted ("defaulting state") in the performance of any of its  
762 obligations or responsibilities under this compact, the bylaws or duly  
763 promulgated rules or operating procedures, then, after notice and  
764 hearing as set forth in the bylaws, all rights, privileges and benefits  
765 conferred by this compact on the defaulting state shall be suspended  
766 from the effective date of default as fixed by the commission. The  
767 grounds for default include, but are not limited to, failure of a  
768 compacting state to perform its obligations or responsibilities, and any  
769 other grounds designated in commission rules. The commission shall  
770 immediately notify the defaulting state in writing of the defaulting  
771 state's suspension pending a cure of the default. The commission shall  
772 stipulate the conditions and the time period within which the  
773 defaulting state must cure its default. If the defaulting state fails to  
774 cure the default within the time period specified by the commission,

775 the defaulting state shall be terminated from the compact and all  
776 rights, privileges and benefits conferred by this compact shall be  
777 terminated from the effective date of termination.

778 b. Product approvals by the commission or product self-  
779 certifications, or any advertisement in connection with such product,  
780 that are in force on the effective date of termination shall remain in  
781 force in the defaulting state in the same manner as if the defaulting  
782 state had withdrawn voluntarily pursuant to section 1 of this article.

783 c. Reinstatement following termination of any compacting state  
784 requires a reenactment of the compact.

### 785 Section 3. Dissolution of Compact

786 a. The compact dissolves effective upon the date of the withdrawal  
787 or default of the compacting state which reduces membership in the  
788 compact to one compacting state.

789 b. Upon the dissolution of this compact, the compact becomes null  
790 and void and shall be of no further force or effect, and the business and  
791 affairs of the commission shall be wound up and any surplus funds  
792 shall be distributed in accordance with the bylaws.

## 793 ARTICLE XV

### 794 SEVERABILITY AND CONSTRUCTION

795 1. The provisions of this compact shall be severable; and if any  
796 phrase, clause, sentence or provision is deemed unenforceable, the  
797 remaining provisions of the compact shall be enforceable.

798 2. The provisions of this compact shall be liberally construed to  
799 effectuate its purposes.

## 800 ARTICLE XVI

### 801 BINDING EFFECT OF COMPACT AND OTHER LAWS

802 Section 1. Other Laws

803 a. Nothing herein prevents the enforcement of any other law of a  
804 compacting state, except as provided in paragraph b. of this section.

805 b. For any product approved or certified to the commission, the  
806 rules, uniform standards and any other requirements of the  
807 commission shall constitute the exclusive provisions applicable to the  
808 content, approval and certification of such products. For advertisement  
809 that is subject to the commission's authority, any rule, uniform  
810 standard or other requirement of the commission which governs the  
811 content of the advertisement shall constitute the exclusive provision  
812 that a commissioner may apply to the content of the advertisement.  
813 Notwithstanding the foregoing, no action taken by the commission  
814 shall abrogate or restrict:

815 (i) The access of any person to state courts;

816 (ii) Remedies available under state law related to breach of contract,  
817 tort, or other laws not specifically directed to the content of the  
818 product;

819 (iii) State law relating to the construction of insurance contracts; or

820 (iv) The authority of the attorney general of the state, including, but  
821 not limited to, maintaining any actions or proceedings, as authorized  
822 by law.

823 c. All insurance products filed with individual states shall be subject  
824 to the laws of those states.

825 Section 2. Binding Effect of this Compact

826 a. All lawful actions of the commission, including all rules and  
827 operating procedures promulgated by the commission, are binding  
828 upon the compacting states.

829 b. All agreements between the commission and the compacting

830 states are binding in accordance with their terms.

831 c. Upon the request of a party to a conflict over the meaning or  
832 interpretation of commission actions, and upon a majority vote of the  
833 compacting states, the commission may issue advisory opinions  
834 regarding the meaning or interpretation in dispute.

835 d. In the event any provision of this compact exceeds the  
836 constitutional limits imposed on the legislature of any compacting  
837 state, the obligations, duties, powers or jurisdiction sought to be  
838 conferred by that provision upon the commission shall be ineffective  
839 as to that compacting state, and those obligations, duties, powers or  
840 jurisdiction shall remain in the compacting state and shall be exercised  
841 by the agency thereof to which those obligations, duties, powers or  
842 jurisdiction are delegated by law in effect at the time this compact  
843 becomes effective.

#### 844 ARTICLE XVII

#### 845 STATE OF CONNECTICUT OPT OUT

846 In accordance with the provisions of Article VII, section 4 of this  
847 compact, the state of Connecticut opts out of all existing and  
848 prospective uniform standards involving long-term care insurance  
849 products [and all existing uniform standards involving disability  
850 income insurance products] in order to preserve the state's statutory  
851 requirements governing these insurance products.

852 Sec. 3. Subdivision (1) of subsection (d) of section 38a-156a of the  
853 general statutes is repealed and the following is substituted in lieu  
854 thereof (*Effective from passage*):

855 (d) (1) Upon approval by the commissioner of the proposed plan of  
856 reorganization, the board of directors, the chairperson of the board of  
857 directors or the president of the reorganizing insurer shall call a  
858 members' meeting to present and hold a vote on the plan of  
859 reorganization. Such meeting shall be held not earlier than thirty days

860 after the date of the public hearing held under subsection (c) of this  
861 section. The plan shall be approved by an affirmative vote of two-  
862 thirds of the members of the reorganizing insurer voting.

863 Sec. 4. Section 38a-323a of the general statutes is repealed and the  
864 following is substituted in lieu thereof (*Effective July 1, 2019*):

865 (a) Each insurer that issues, renews, amends or endorses an  
866 automobile or homeowners insurance policy in this state on or after  
867 [October 1, 2017] July 1, 2019, shall include with the policy a  
868 conspicuous statement specifying that any individual may designate a  
869 third party to receive notice of cancellation or nonrenewal of the  
870 policy. The statement shall include a designation form, [and] a mailing  
871 address and an electronic mail address the individual may use to  
872 designate a third party. Such statement shall be in a form approved by  
873 the Insurance Commissioner.

874 (b) No designation form shall be effective unless it contains a  
875 written acceptance by the third party designee to receive copies of  
876 notices of cancellation or nonrenewal from the insurer on behalf of the  
877 individual. The third party designation shall be effective not later than  
878 ten business days after the date the insurer receives the designation  
879 form and the acceptance of the third party. The third party may  
880 terminate the status as a third party designee by providing written  
881 notice to both the insurer and the insured individual. The individual  
882 may terminate the third party designation by providing written notice  
883 to the insurer and the third party designee. The insurer may require  
884 the individual and the third party to send the notices to the insurer by  
885 certified mail, return receipt requested, or, if agreed between the  
886 insurer and the individual or the insurer and the third party, by  
887 electronic means.

888 (c) The insurer's transmission to the third party designee of a copy  
889 of any notice of cancellation or nonrenewal shall be in addition to the  
890 transmission of the original document to the insured individual. When  
891 a third party is so designated, all such notices and copies shall be

892 mailed in an envelope clearly marked on its face with, or, if agreed  
893 between the insurer and the third party, delivered by electronic means  
894 stating the following: "IMPORTANT INSURANCE POLICY  
895 INFORMATION: OPEN IMMEDIATELY". The copy of the notice of  
896 cancellation or nonrenewal transmitted to the third party shall be  
897 governed by the same law and policy provisions that govern the notice  
898 being transmitted to the insured individual. The designation of a third  
899 party shall not constitute acceptance of any liability on the part of the  
900 third party or insurer for services provided to the insured individual.

901 Sec. 5. Subsection (a) of section 38a-324 of the general statutes is  
902 repealed and the following is substituted in lieu thereof (*Effective July*  
903 *1, 2019*):

904 (a) After a policy of commercial risk insurance, other than workers'  
905 compensation insurance and automobile insurance issued under a  
906 residual market mechanism as described in section 38a-329, has been  
907 in effect for more than sixty days, or after the effective date of a  
908 renewal policy, no insurer may cancel any policy unless the  
909 cancellation is based on the occurrence, after the effective date of the  
910 policy or renewal, of one or more of the following conditions: (1)  
911 Nonpayment of premium; (2) conviction of a crime arising out of acts  
912 increasing the hazard insured against; (3) discovery of fraud or  
913 material misrepresentation by the insured in obtaining the policy or in  
914 perfecting any claim thereunder; (4) discovery of any wilful or reckless  
915 act or omission by the insured increasing the hazard insured against;  
916 (5) physical changes in the property which increase the hazard insured  
917 against; (6) a determination by the commissioner that continuation of  
918 the policy would violate or place the insurer in violation of the law; (7)  
919 a material increase in the hazard insured against; or (8) a substantial  
920 loss of reinsurance by the insurer affecting this particular line of  
921 insurance. If the basis for cancellation is nonpayment of premium, at  
922 least ten days' advance notice shall be given and the insured may  
923 continue the coverage and avoid the effect of the cancellation by  
924 payment in full at any time prior to the effective date of cancellation. If  
925 the basis for cancellation is conviction of a crime arising out of acts

926 increasing the hazard insured against, discovery of fraud or material  
927 misrepresentation by the insured in obtaining the policy or in  
928 perfecting any claim thereunder, discovery of any wilful or reckless act  
929 or omission by the insured increasing the hazard insured against or a  
930 determination by the commissioner that continuation of the policy  
931 would violate or place the insurer in violation of the law, at least ten  
932 days' advance notice shall be given. In all other cases, at least sixty  
933 days' advance notice shall be given. Notwithstanding the provisions of  
934 this section, the advance notice period for cancellation of any  
935 professional liability policy, as defined in section 38a-393, shall be at  
936 least ninety days. No notice of cancellation shall be required if such  
937 policy is transferred from an insurer to an affiliate of such insurer for  
938 another policy with no interruption of coverage and contains the same  
939 terms, conditions and provisions, including policy limits, as the  
940 transferred policy, except that the insurer to which the policy is  
941 transferred shall not be prohibited from applying its rates and rating  
942 plans at the time of renewal. No notice of cancellation shall be effective  
943 unless it is sent, by registered or certified mail, ~~[or by]~~ mail evidenced  
944 by a United States Post Office certificate of mailing or, if agreed  
945 between the insurer and the named insured, by electronic means  
946 evidenced by a delivery receipt, or delivered by the insurer to the  
947 named insured by the required date.

948 Sec. 6. Subsection (a) of section 38a-724 of the general statutes is  
949 repealed and the following is substituted in lieu thereof (*Effective July*  
950 *1, 2019*):

951 (a) The use of an employment contract between a public adjuster  
952 and the insured shall be mandatory.

953 (1) Any such contract signed on or after [October 1, 2013] July 1,  
954 2019, shall contain a provision, prominently displayed on the first page  
955 of such contract in not less than twelve-point boldface type, specifying  
956 that the insured may cancel the contract, provided such insured  
957 notifies the public adjuster at such public adjuster's main office or  
958 branch office at the address shown in the contract, by certified mail,



959 return receipt requested, or, if agreed between the insured and the  
960 public adjuster, by electronic means with proof of a delivery receipt,  
961 posted or delivered not later than midnight of the fourth calendar day  
962 after the day on which the insured signs the contract, except that if the  
963 signing is on a Friday, Saturday or Sunday, the cancellation shall be  
964 posted not later than midnight of the Thursday immediately following,  
965 and thereafter the contract shall be void ab initio.

966 (2) Any such contract signed on or after [October 1, 2013] July 1,  
967 2019, that does not display the provision as specified in subdivision (1)  
968 of this subsection shall be void ab initio.

969 Sec. 7. Subsection (a) of section 38a-771 of the general statutes is  
970 repealed and the following is substituted in lieu thereof (*Effective*  
971 *October 1, 2019*):

972 (a) Any person, firm, partnership, association or corporation  
973 holding a license issued pursuant to sections 38a-702b, 38a-702j, 38a-  
974 703 to 38a-716, inclusive, 38a-731 to 38a-735, inclusive, 38a-769 to 38a-  
975 776, inclusive, 38a-786, 38a-790, 38a-792 and 38a-794 or holding a  
976 license in the name of a trade name shall notify the Insurance  
977 Commissioner, in writing, not later than thirty days after any: (1)  
978 Change in business [or] address, residence address or electronic mail  
979 address; (2) change in employer; (3) change in name; or (4) change in  
980 licensed [members of a firm, partnership, association or officers of a  
981 corporation] insurance producer responsible for ensuring compliance  
982 by such person, firm, partnership, association or corporation with the  
983 insurance laws, rules and regulations of this state, as stated in the  
984 application for license filed in this state by such person, firm,  
985 partnership, association or corporation.

986 Sec. 8. Section 38a-193 of the general statutes is repealed and the  
987 following is substituted in lieu thereof (*Effective from passage*):

988 (a) (1) Before issuing any certificate of authority to any health care  
989 center on or after July 1, 1990, the commissioner shall require that a  
990 health care center have: (A) An initial net worth of one million five

991 hundred thousand dollars, and (B) agree to thereafter maintain the  
992 minimum net worth required under subdivision (4) of this subsection.

993 (2) No health care center shall be licensed to transact business in this  
994 state or remain so licensed unless, (A) its net worth bears a reasonable  
995 relationship to its liabilities based upon the type, volume and nature of  
996 business transacted, and (B) its risk-based capital related to its total  
997 adjusted capital is adequate for the type of business transacted. As  
998 used in this subsection, "total adjusted capital" means the sum of a  
999 health care center's net worth and any other item in the nature of  
1000 capital as deemed appropriate by the commissioner; and "risk-based  
1001 capital" means the net worth of the health care center adjusted to  
1002 recognize the level of risk inherent in its business, including (i) risk  
1003 with respect to the health care center's assets, (ii) the risk of adverse  
1004 underwriting experience with respect to the health care center's  
1005 liabilities and obligations, (iii) the credit risk with respect to the health  
1006 care center's business, and (iv) all other business risks and such other  
1007 relevant risks as the commissioner may determine.

1008 (3) (A) In determining net worth, no debt shall be considered fully  
1009 subordinated unless the subordination clause is in a form acceptable to  
1010 the commissioner. Any interest obligation relating to the repayment of  
1011 any subordinated debt shall be similarly subordinated. (B) The interest  
1012 expenses relating to the repayment of any fully subordinated debt  
1013 shall not be considered uncovered expenditures. (C) Any debt incurred  
1014 by a note meeting the requirements of this section, and otherwise  
1015 acceptable to the commissioner, shall not be considered a liability and  
1016 shall be recorded as equity.

1017 (4) Except as provided in subdivision (3) and subdivisions (5) to (7),  
1018 inclusive, of this subsection, each health care center shall maintain a  
1019 minimum net worth equal to the greater of: (A) One million dollars; or  
1020 (B) two per cent of its annual premium revenues as reported on the  
1021 most recent annual financial statement filed with the commissioner on  
1022 the first one hundred fifty million dollars of premium revenues plus  
1023 one per cent of annual premium revenues in excess of one hundred

1024 fifty million dollars. No health care center authorized by the  
1025 commissioner to do business in this state, on July 1, 1990, shall be  
1026 required to comply with the provisions of subparagraph (B) of this  
1027 subdivision until January 1, 1995.

1028 (5) Each health care center that offers or proposes to offer out-of-  
1029 network benefits shall either:

1030 (A) Enter into an agreement with a duly licensed insurance  
1031 company to provide coverage to subscribers and enrollees outside of  
1032 the health care center's established network, subject to approval by the  
1033 commissioner; or

1034 (B) Implement an out-of-network benefit system to be operated by  
1035 the health care center, subject to approval by the commissioner,  
1036 provided the health care center establishes and maintains its net worth  
1037 at an amount equal to the greater of (i) three million dollars, (ii) two  
1038 per cent of its annual premium revenues as reported on the most  
1039 recent annual financial statement filed with the commissioner on the  
1040 first one hundred fifty million dollars of premium revenues plus one  
1041 per cent of annual premium revenues in excess of one hundred fifty  
1042 million dollars, or (iii) two months of its cost of uncovered  
1043 expenditures. For purposes of this subsection, "annual premium  
1044 revenues" does not include revenue earned as a result of an  
1045 arrangement between a health care center and the federal Centers for  
1046 Medicare and Medicaid Services, on a cost or risk basis, for services to  
1047 a Medicare beneficiary, or revenue earned as a result of an  
1048 arrangement between a health care center and a Medicaid state agency,  
1049 for services to a Medicaid beneficiary. For the purposes of this  
1050 subsection, the uncovered expenditures of the health care center for  
1051 the requisite two-month period shall be calculated as follows:

$$(X + Y - Z)$$

$$UE = \frac{\quad}{\quad}$$

6

1052

1053       Where:

1054       UE = Uncovered expenditures of the health care center for the  
1055       requisite two-month period.

1056       X = Total year-to-date uncovered expenditures reported in the  
1057       health care center's most recent statutory quarterly or annual  
1058       statement.

1059       Y = Total year-to-date uncovered expenditures reported in the  
1060       health care center's annual statement for the prior calendar year.

1061       Z = Total year-to-date uncovered expenditures reported in the  
1062       health care center's statutory quarterly or annual statement for the  
1063       current calendar quarter of the prior calendar year.

1064       (6) The total cost of the out-of-network benefits of a health care  
1065       center shall not exceed ten per cent of the total cost of the health care  
1066       center's claims and expenses on a quarterly basis without the prior  
1067       approval of the commissioner, [and the effectuation of an uncovered  
1068       expenditures insolvency deposit established with the commissioner  
1069       pursuant to section 38a-193a.]

1070       (7) Any health care center that provides out-of-network benefits  
1071       pursuant to this subsection shall provide a quarterly report concurrent  
1072       with filing of the required quarterly and annual financial statements  
1073       which shall demonstrate compliance with the provisions of this  
1074       subsection.

1075       (8) The commissioner may adopt regulations, in accordance with  
1076       chapter 54, to implement the purposes of this subsection, including,  
1077       but not limited to, provisions concerning: (A) The preparation and  
1078       filing of reports by health care centers relating to risk-based capital  
1079       levels and the calculation thereof; (B) the preparation and filing of

1080 comprehensive financial plans when such capital levels are reduced  
1081 below minimum threshold levels; (C) the confidentiality of such  
1082 reports and plans; and (D) the regulatory corrective actions the  
1083 commissioner may take in the event minimum risk-based capital levels  
1084 are not maintained, or the health care center's financial plans filed with  
1085 the commissioner are deficient, or the health care center fails to  
1086 otherwise comply with the provisions of the regulations.

1087 (b) Every health care center shall, when determining liabilities,  
1088 include an amount estimated in the aggregate to provide for any  
1089 unearned premium and for the payment of all claims for health care  
1090 expenditures which have been incurred, whether reported or  
1091 unreported, which are unpaid and for which such organization is or  
1092 may be liable, and to provide for the expense of adjustment or  
1093 settlement of such claims. Such liabilities shall be calculated in  
1094 accordance with those accounting procedures and practices prescribed  
1095 by the National Association of Insurance Commissioners Accounting  
1096 Practices and Procedures Manual, version effective January 1, 2001,  
1097 and subsequent revisions and the National Association of Insurance  
1098 Commissioners Annual Statement Instructions, subject to any  
1099 deviations prescribed by the commissioner.

1100 (c) (1) Every contract between a health care center and a  
1101 participating provider of health care services shall be in writing and  
1102 shall contain the following provisions or variations approved by the  
1103 commissioner:

1104 "(A) (Name of provider or facility) .... hereby agrees that in no event,  
1105 including, but not limited to, nonpayment by (name of health care  
1106 center) ...., (name of health care center's) .... insolvency, or breach of  
1107 this contract shall (name of provider or facility) .... bill, charge, collect a  
1108 deposit from, seek compensation, remuneration, or reimbursement  
1109 from, or have any recourse against a covered person or person acting  
1110 on their behalf, other than (name of health care center) ...., for services  
1111 provided pursuant to this contract. This provision shall not prohibit  
1112 collection of cost-sharing amounts, or costs for noncovered services,

1113 which have not otherwise been paid by a primary or secondary carrier  
1114 in accordance with regulatory standards for coordination of benefits,  
1115 from covered persons in accordance with the terms of the covered  
1116 person's health plan.

1117 (B) (Name of provider or facility).... agrees, in the event of (name of  
1118 health care center's) .... insolvency, to continue to provide the services  
1119 promised in this contract to covered persons of (name of health care  
1120 center) .... for the duration of the period for which premiums on behalf  
1121 of the covered person were paid to (name of health care center) .... or  
1122 until the covered person's discharge from inpatient facilities,  
1123 whichever time is greater.

1124 (C) Notwithstanding any other provision in this contract, nothing in  
1125 this contract shall be construed to modify the rights and benefits  
1126 contained in the covered person's health plan.

1127 (D) (Name of provider or facility).... may not bill the covered person  
1128 for covered services, except for cost-sharing amounts, where (name of  
1129 health care center) .... denies payment because the provider or facility  
1130 has failed to comply with the terms or conditions of this contract.

1131 (E) (Name of provider or facility) .... further agrees (i) that the  
1132 provisions of subparagraphs (A), (B), (C) and (D) of this subdivision  
1133 (or citations appropriate to the contract form) .... shall survive  
1134 termination of this contract regardless of the cause giving rise to  
1135 termination and shall be construed to be for the benefit of (name of  
1136 health care center's) .... covered persons, and (ii) that this provision  
1137 supersedes any oral or written contrary agreement now existing or  
1138 hereafter entered into between (name of provider or facility) .... and  
1139 covered persons or persons acting on their behalf.

1140 (F) If (name of provider or facility) .... contracts with other providers  
1141 or facilities who agree to provide covered services to covered persons  
1142 of (name of health care center) .... with the expectation of receiving  
1143 payment directly or indirectly from (name of health care center) .....,  
1144 such providers or facilities shall agree to abide by the provisions of

1145 subparagraphs (A), (B), (C), (D) and (E) of this subsection (or citations  
1146 appropriate to the contract form) ....."

1147 (2) In the event that the participating provider contract has not been  
1148 reduced to writing as required by this subsection or that the contract  
1149 fails to contain the provisions required by subdivision (1) of this  
1150 subsection, the participating provider shall not collect or attempt to  
1151 collect from the subscriber or enrollee sums owed by the health care  
1152 center.

1153 (3) No participating provider, or agent, trustee or assignee thereof,  
1154 may: (A) Maintain any action at law against a subscriber or enrollee to  
1155 collect sums owed by the health care center; (B) request payment from  
1156 a subscriber or enrollee for such sums; (C) request payment from a  
1157 subscriber or enrollee for covered emergency services that are  
1158 provided by an out-of-network provider; or (D) request payment from  
1159 a subscriber or enrollee for a surprise bill, as defined in section 38a-  
1160 477aa. For purposes of this subdivision "request payment" includes,  
1161 but is not limited to, submitting a bill for services not actually owed or  
1162 submitting for such services an invoice or other communication  
1163 detailing the cost of the services that is not clearly marked with the  
1164 phrase "THIS IS NOT A BILL". The contract between a health care  
1165 center and a participating provider shall inform the participating  
1166 provider that pursuant to section 20-7f, it is an unfair trade practice in  
1167 violation of chapter 735a for any health care provider to request  
1168 payment from a subscriber or an enrollee, other than a coinsurance,  
1169 copayment, deductible or other out-of-pocket expense, for covered  
1170 medical or emergency services or facility fees, as defined in section  
1171 19a-508c, or surprise bills, or to report to a credit reporting agency an  
1172 enrollee's failure to pay a bill for such services when a health care  
1173 center has primary responsibility for payment of such services, fees or  
1174 bills.

1175 [(d) The commissioner shall require that each health care center  
1176 have a plan for handling insolvency which allows for continuation of  
1177 benefits for the duration of the contract period for which premiums

1178 have been paid and continuation of benefits to members who are  
1179 confined to inpatient facilities on the date of insolvency until their  
1180 discharge or expiration of benefits. In considering such a plan, the  
1181 commissioner may approve one or more of the following: (1) Insurance  
1182 to cover the expenses to be paid for continued benefits after an  
1183 insolvency; (2) provisions in provider contracts that obligate the  
1184 provider to provide services after the health care center's insolvency  
1185 for the duration of the period for which premium payment has been  
1186 made and until the enrollees' discharge from inpatient facilities; (3)  
1187 insolvency reserves; (4) acceptable letters of credit; or (5) any other  
1188 arrangements to assure that benefits are continued as specified above.]

1189 [(e)] (d) Every agreement to provide health care services between a  
1190 provider and a health care center shall require the provider to provide  
1191 at least sixty days' advance notice to the health care center to terminate  
1192 the agreement.

1193 [(f) (1) Unless otherwise provided in this subsection, each health  
1194 care center shall deposit with the commissioner or, at the discretion of  
1195 the commissioner, with any organization or trustee acceptable to the  
1196 commissioner through which a custodian or controlled account is  
1197 utilized, cash, securities or any combination of cash or securities or  
1198 other measures that are acceptable to the commissioner, which at all  
1199 times shall have a value of not less than five hundred thousand  
1200 dollars.

1201 (2) A health care center that is in operation on October 1, 2007, shall  
1202 make a deposit equal to two hundred fifty thousand dollars. In the  
1203 second year, the amount of the additional deposit for a health care  
1204 center that is in operation on October 1, 2007, shall be equal to two  
1205 hundred fifty thousand dollars, for a total of five hundred thousand  
1206 dollars.

1207 (3) The deposit shall be an admitted asset of the health care center in  
1208 the determination of net worth.

1209 (4) All income from deposits shall be an asset of the organization. A



1210 health care center that has made a securities deposit may withdraw  
1211 such deposit or any part thereof after making a substitute deposit of  
1212 cash, securities or any combination of cash or securities or other  
1213 measures of equal amount and value. Any securities shall be approved  
1214 by the commissioner before being deposited.

1215 (5) The deposit shall be used to protect the interests of the health  
1216 care center's enrollees and to assure continuation of health care  
1217 services to enrollees of a health care center that is in rehabilitation or  
1218 conservation. The commissioner may use the deposit for  
1219 administrative costs directly attributable to a receivership or  
1220 liquidation. If the health care center is placed in rehabilitation or  
1221 liquidation, the deposit shall be an asset subject to the provisions of the  
1222 Insurers Rehabilitation and Liquidation Act.]

1223 Sec. 9. Subsection (a) of section 5-259 of the general statutes is  
1224 repealed and the following is substituted in lieu thereof (*Effective from*  
1225 *passage*):

1226 (a) The Comptroller, with the approval of the Attorney General and  
1227 of the Insurance Commissioner, shall arrange and procure a group  
1228 hospitalization and medical and surgical insurance plan or plans for  
1229 (1) state employees, (2) members of the General Assembly who elect  
1230 coverage under such plan or plans, (3) participants in an alternate  
1231 retirement program who meet the service requirements of section 5-  
1232 162 or subsection (a) of section 5-166, (4) anyone receiving benefits  
1233 under section 5-144 or from any state-sponsored retirement system,  
1234 except the teachers' retirement system and the municipal employees  
1235 retirement system, (5) judges of probate and Probate Court employees,  
1236 (6) the surviving spouse, and any dependent children of a state police  
1237 officer, a member of an organized local police department, a firefighter  
1238 or a constable who performs criminal law enforcement duties who dies  
1239 before, on or after June 26, 2003, as the result of injuries received while  
1240 acting within the scope of such officer's or firefighter's or constable's  
1241 employment and not as the result of illness or natural causes, and  
1242 whose surviving spouse and dependent children are not otherwise

1243 eligible for a group hospitalization and medical and surgical insurance  
1244 plan. Coverage for a dependent child pursuant to this subdivision shall  
1245 terminate no earlier than the [policy anniversary date on or after] end  
1246 of the calendar year during whichever of the following occurs first, the  
1247 date on which the child: Becomes covered under a group health plan  
1248 through the dependent's own employment; or attains the age of  
1249 twenty-six, (7) employees of the Capital Region Development  
1250 Authority established by section 32-601, and (8) the surviving spouse  
1251 and dependent children of any employee of a municipality who dies  
1252 on or after October 1, 2000, as the result of injuries received while  
1253 acting within the scope of such employee's employment and not as the  
1254 result of illness or natural causes, and whose surviving spouse and  
1255 dependent children are not otherwise eligible for a group  
1256 hospitalization and medical and surgical insurance plan. For purposes  
1257 of this subdivision, "employee" means any regular employee or  
1258 elective officer receiving pay from a municipality, "municipality"  
1259 means any town, city, borough, school district, taxing district, fire  
1260 district, district department of health, probate district, housing  
1261 authority, regional work force development board established under  
1262 section 31-3k, flood commission or authority established by special act  
1263 or regional council of governments. For purposes of subdivision (6) of  
1264 this subsection, "firefighter" means any person who is regularly  
1265 employed and paid by any municipality for the purpose of performing  
1266 firefighting duties for a municipality on average of not less than thirty-  
1267 five hours per week. The minimum benefits to be provided by such  
1268 plan or plans shall be substantially equal in value to the benefits that  
1269 each such employee or member of the General Assembly could secure  
1270 in such plan or plans on an individual basis on the preceding first day  
1271 of July. The state shall pay for each such employee and each member  
1272 of the General Assembly covered by such plan or plans the portion of  
1273 the premium charged for such member's or employee's individual  
1274 coverage and seventy per cent of the additional cost of the form of  
1275 coverage and such amount shall be credited to the total premiums  
1276 owed by such employee or member of the General Assembly for the  
1277 form of such member's or employee's coverage under such plan or

1278 plans. On and after January 1, 1989, the state shall pay for anyone  
1279 receiving benefits from any such state-sponsored retirement system  
1280 one hundred per cent of the portion of the premium charged for such  
1281 member's or employee's individual coverage and one hundred per  
1282 cent of any additional cost for the form of coverage. The balance of any  
1283 premiums payable by an individual employee or by a member of the  
1284 General Assembly for the form of coverage shall be deducted from the  
1285 payroll by the State Comptroller. The total premiums payable shall be  
1286 remitted by the Comptroller to the insurance company or companies  
1287 or nonprofit organization or organizations providing the coverage. The  
1288 amount of the state's contribution per employee for a health  
1289 maintenance organization option shall be equal, in terms of dollars and  
1290 cents, to the largest amount of the contribution per employee paid for  
1291 any other option that is available to all eligible state employees  
1292 included in the health benefits plan, but shall not be required to exceed  
1293 the amount of the health maintenance organization premium.

1294 Sec. 10. Subsection (a) of section 38a-503b of the general statutes is  
1295 repealed and the following is substituted in lieu thereof (*Effective*  
1296 *January 1, 2020*):

1297 (a) As used in this section, "carrier" means each insurer, health care  
1298 center, hospital service corporation, medical service corporation or  
1299 other entity delivering, issuing for delivery, renewing, amending or  
1300 continuing any individual health insurance policy in this state  
1301 providing coverage of the type specified in subdivisions (1), (2), (4),  
1302 [(6),] (10), (11) and (12) of section 38a-469.

1303 Sec. 11. Subsection (a) of section 38a-530b of the general statutes is  
1304 repealed and the following is substituted in lieu thereof (*Effective*  
1305 *January 1, 2020*):

1306 (a) As used in this section, "carrier" means each insurer, health care  
1307 center, hospital service corporation, medical service corporation or  
1308 other entity delivering, issuing for delivery, renewing, amending or  
1309 continuing any group health insurance policy in this state providing

1310 coverage of the type specified in subdivisions (1), (2), (4), [(6),] (11) and  
1311 (12) of section 38a-469.

1312 Sec. 12. Subsection (b) of section 38a-535 of the general statutes is  
1313 repealed and the following is substituted in lieu thereof (*Effective*  
1314 *January 1, 2020*):

1315 (b) Each group health insurance policy providing coverage of the  
1316 type specified in subdivisions (1), (2), (4), [(6),] (11) and (12) of section  
1317 38a-469 delivered, issued for delivery or renewed on or after October 1,  
1318 1989, or continued as defined in section 38a-531, on or after October 1,  
1319 1990, shall provide benefits for preventive pediatric care for any child  
1320 covered by the policy or contract at approximately the following age  
1321 intervals: Every two months from birth to six months of age, every  
1322 three months from nine to eighteen months of age and annually from  
1323 two through six years of age. Any such policy may provide that  
1324 services rendered during a periodic review shall be covered to the  
1325 extent that such services are provided by or under the supervision of a  
1326 single physician during the course of one visit. On and after January 1,  
1327 2009, each such policy shall also provide coverage for blood lead  
1328 screening and risk assessments ordered by a primary care provider  
1329 pursuant to section 19a-111g. Such benefits shall be subject to any  
1330 policy provisions which apply to other services covered by such  
1331 policy.

1332 Sec. 13. Section 7-464c of the general statutes is repealed and the  
1333 following is substituted in lieu thereof (*Effective January 1, 2021*):

1334 (a) For the purposes of this section, "retirement plan" means any  
1335 retirement plan created in accordance with the provisions of Section  
1336 403(b) of the Internal Revenue Code of 1986, or any subsequent  
1337 corresponding internal revenue code of the United States, as amended  
1338 from time to time, that is not made available through the State  
1339 Comptroller pursuant to subsection (c) of section 5-264.

1340 [(a)] (b) On or after January 1, [2019] 2021, any company that  
1341 administers a retirement plan offered by a political subdivision of the

1342 state to the employees of such political subdivision shall disclose to  
1343 each participant in such retirement plan and the State Comptroller, in  
1344 an electronic form and manner prescribed by the State Comptroller:

1345 (1) The fee ratio and return, net of fees, for each investment under  
1346 the retirement plan; [, and]

1347 (2) [the] The fees paid to any person who, for compensation,  
1348 engages in the business of providing investment advice to participants  
1349 in the retirement plan either directly or through publications or  
1350 writings; and [. Such disclosures shall be made upon initial enrollment  
1351 in the retirement plan and at least annually thereafter. For the  
1352 purposes of this section, "retirement plan" means any retirement plan  
1353 created in accordance with the provisions of Section 403(b) of the  
1354 Internal Revenue Code of 1986, or any subsequent corresponding  
1355 internal revenue code of the United States, as amended from time to  
1356 time, that is not made available through the State Comptroller  
1357 pursuant to subsection (c) of section 5-264 of the general statutes.]

1358 (3) Any other information required to be disclosed pursuant to 29  
1359 CFR 2550.404a-5 (d), as amended from time to time, if such retirement  
1360 plan is a participant-directed individual account plan, as such term is  
1361 used in 29 CFR 2550.404a-5.

1362 [(b)] (c) Any such company shall be deemed to comply with the  
1363 requirements of subsection [(a)] (b) of this section if such company  
1364 adheres to the disclosure requirements for plans governed by the  
1365 Employee Retirement Income Security Act of 1974 set forth in Section  
1366 2550.404a-5 of the Code of Federal Regulations, as in effect on July 1,  
1367 2017, or as amended from time to time, provided any amended  
1368 disclosure requirements are substantially similar to those in effect on  
1369 July 1, 2017.

1370 (d) Each company that is subject to the disclosure requirements  
1371 established in subsection (b) of this section shall make the disclosures  
1372 required by said subsection upon initial enrollment in the retirement  
1373 plan and at least annually thereafter.

1374 (e) Not later than March 1, 2022, and annually thereafter, the State  
 1375 Comptroller shall post, on the State Comptroller's Internet web site,  
 1376 each disclosure that the State Comptroller received pursuant to  
 1377 subsection (b) of this section on or before the January first immediately  
 1378 preceding for the calendar year immediately preceding.

1379 Sec. 14. (Effective from passage) Sections 12, 14, 15 and 16 of public act  
 1380 18-158 shall take effect July 1, 2019.

1381 Sec. 15. Section 38a-193a of the general statutes is repealed. (Effective  
 1382 from passage)

1383 Sec. 16. Sections 13 and 17 of public act 18-158 are repealed. (Effective  
 1384 from passage)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2019	38a-8
Sec. 2	from passage	38a-37
Sec. 3	from passage	38a-156a(d)(1)
Sec. 4	July 1, 2019	38a-323a
Sec. 5	July 1, 2019	38a-324(a)
Sec. 6	July 1, 2019	38a-724(a)
Sec. 7	October 1, 2019	38a-771(a)
Sec. 8	from passage	38a-193
Sec. 9	from passage	5-259(a)
Sec. 10	January 1, 2020	38a-503b(a)
Sec. 11	January 1, 2020	38a-530b(a)
Sec. 12	January 1, 2020	38a-535(b)
Sec. 13	January 1, 2021	7-464c
Sec. 14	from passage	New section
Sec. 15	from passage	Repealer section
Sec. 16	from passage	Repealer section